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Application or Docid Number: 10/651589

(Column 1) (Column 2)

SMALL ENTITY

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

OR

**OTHER THAN
SMALL ENTITY**

RATE	FEE
	\$ _____
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL	

MULTIPLE DEPENDENT CLAIM PRESENT **(37 CFR 1.104)**

* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
109	110	111
112	113	114
115	116	117
118	119	120
121	122	123
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127	128	129
130	131	132
133	134	135
136	137	138
139	140	141
142	143	144
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154	155	156
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160	161	162
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166	167	168
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184	185	186
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202	203	204
205	206	207
208	209	210
211	212	213
214	215	216
217	218	219
220	221	222
223	224	225
226	227	228
229	230	231
232	233	234
235	236	237
238	239	240
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247	248	249
250	251	252
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256	257	258
259	260	261
262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
283	284	285
286	287	288
289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
3		

SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ _____	
X \$ _____	
X \$ _____	
TOTAL ADDL FEE	

○

**OTHER THAN
SMALL ENTITY**

RATE	ADDITIONAL FEE
X \$ _____	
X \$ _____	
\$ _____	
TOTAL ADDL FEE	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)

**TOTAL
ADD'L FEE**

on

**TOTAL
ADD'L FEE**

RATE	AD
------	----

RATE	ADDITIONAL FEE
KS _____	
KS _____	
KS _____	
TOTAL ADD'L FEE	

•

RATE	AD
------	----

RATE	ADDITIONAL FEE
X \$ _____ =	/
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

FIRST PRESENTATION: OF MULTIPLE DEPENDENT CLAIM 1) CTR 1 1562

**TOTAL
ADDN. FEE**

TOTAL
ADDL FEE

RATE	AD
------	----

RATE	ADDITIONAL FEE
X \$ _____ =	/
X \$ _____ =	
+ \$ _____ =	
TOTAL ADDITIONAL FEE	

RATE	AD
------	----

RATE	ADDITIONAL FEE
X \$ _____	
X \$ _____	
+ \$ _____	
TOTAL ADDITIONAL FEE	

AN FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.160

**TOTAL
ADDL FEE**

10

TOTAL
ADDL FEE

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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